

**Education Finance Board  
An Bord Airgeadais Oideachais**

**Former Resident**

**1. Details of Former Resident:**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please supply your **original birth certificate** and a copy of **one** of the following as proof of identification {I.D.}

- Passport
  - Driving Licence
  - Social Welfare Card - Ireland only
  - National Health Service Card – UK only
- \*All originals will be returned by registered post*

**2. Proof of Residency**

In order to confirm residency in an Institution please provide the following:

**Either**

An original covering letter from the relevant Government/Institution/Organisation with a copy of the admission and discharge papers from the Institution{s} attended.

**or**

A letter of confirmation from the Solicitor of the Former Resident stating eligibility to apply to the Residential Institutions Redress Board **and/or** residency in an Institution, as listed in the Schedule of the Residential Institutions Redress Act, 2002 (Additional Institutions) Order 2004

### 3. Course Details

Course Applied For: \_\_\_\_\_

Name of School or College \_\_\_\_\_

Address of School or College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cost of Course: \_\_\_\_\_

Length of Course: Years \_\_\_\_\_ Months \_\_\_\_\_

Part-time  or Full-time

Current year: Year 1  Year 2  Year 3  Year 4

Other  If other please give details: \_\_\_\_\_

Start date of current year: \_\_\_\_\_ Year course finishes: \_\_\_\_\_

Have you applied for or received any other funding, such as a grant, in relation to this course?

Yes  No

If Yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

*In the event that you receive any grant or other financial assistance from another source towards the cost of your fees, resulting in a duplication of payment then that amount shall be repayable to the Education Finance Board. Please get in touch with the office if you have any further queries in this regard.*

## CHECKLIST:

In order to process your application as quickly as possible, please ensure you have included all of the following relevant documentation:

1. An original letter of acceptance from the college or adult education centre
2. A description of the course from the college prospectus or website
3. An original invoice **or** receipt for the course
4. Original proof of residency in an Institution
5. Proof of identity (copy) of former resident
6. Original birth certificate

## Declaration:

**I declare that the information which I have given on this form is true to the best of my knowledge, and understand that I am legally responsible for it.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All information contained herein is strictly private and confidential and is protected under the Data Protection Act of 1998.

**Please return form to:** Education Finance Board  
Floor 3  
Frederick Court  
24-27 North Frederick Street  
Dublin 1